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ONE HUNDRED NINTH CONGRESS

# Congress of the United States

## House of Representatives

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## MEMORANDUM

To: Members of the Subcommittee on National Security, Emerging Threats,  
and International Relations

From: Christopher Shays   
Chairman

Date: August 30, 2006

Subject: Briefing memorandum for September 8, 2006 Subcommittee field hearing.

Attached find the briefing memorandum required by Committee rules for the hearing on Friday, September 8, 2006 entitled, *Progress Since 9/11: Protecting Public Health and Safety of the Responders and Residents*. The hearing will convene at 10:30 am in the auditorium of District Council 37, 125 Barclay Street (Barclay Street and West Side Highway), 1<sup>st</sup> Floor, New York, New York 10007.

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August 30, 2006

## MEMORANDUM

To: Members of the Subcommittee on National Security,  
Emerging Threats, and International Relations

From: Robert Briggs, Analyst

Subject: Briefing Memorandum for the field hearing, *Progress Since 9/11: Protecting Public Health and Safety of the Responders and Residents*, scheduled for Friday, September 8, 2006, at 10:30 a.m. in the auditorium of District Council 37, 125 Barclay Street (Barclay Street and West Side Highway), 1<sup>st</sup> Floor, New York, New York 10007.

## PURPOSE OF THE HEARING

The purpose of the hearing is to continue subcommittee oversight of federally funded programs that register, screen, monitor and treat individuals who were in the vicinity of the World Trade Center (WTC) following the September 11, 2001 terrorist attacks.

## HEARING ISSUES

- 1. How effective are federally funded programs which address first responder and resident needs resulting from the September 11, 2001 terrorist attack?**
- 2. What plans are in place to effectively and efficiently distribute federal allocations that address the health concerns of responders, residents and others impacted by the World Trade Center attack?**

## BACKGROUND

The terrorist attack on the World Trade Center (WTC) on September 11, 2001, and the consequent collapse of buildings in the WTC complex, created a cloud of smoke and dust composed of pulverized steel, cement, glass and other debris that was inhaled by workers, emergency first responders, residents and other individuals in the vicinity of the attack.

As time went by, the World Trade Center site became more commonly referred to as “Ground Zero.” Ground Zero can be defined as the exact location where an explosion occurs and the marking point of the most severe damage or destruction. As distance from the point increases, the damage gradually decreases. In addition, rescue workers began to address the pile of rubble that was left after the World Trade Center building collapsed as the “the Pile.” **(Web Resource 1)**

Subsequently, fires in the 16-acre pile of rubble, stoked by jet fuel, burned a mixture of plastics, metals, chemicals and other hazardous products for approximately three months. During this time emergency responders continued their rescue, recovery and clean-up work and residents and workers returned to their homes and businesses. In total, an estimated 250,000-400,000 people were exposed to noxious and potentially toxic contaminants. **(Web Resource 2)**

Five years after September 11, 2001 questions remain about the short-term and long-term health effects of the attack on the World Trade Center. While air monitoring results from various government agencies including the Environmental Protection Agency (EPA), the Occupational Safety and Health Administration (OSHA), and the National Institute for Occupational Safety and Health (NIOSH), found only a limited amount of samples with elevated levels of toxins, many workers, volunteers and firemen at the World Trade Center site experienced respiratory symptoms and continue to experience symptoms today. <sup>1</sup> **(Web Resource 3, p. 3)**

The events of 9/11 changed the face of public health in America. In testimony before the House Subcommittee on National Security, Emerging Threats and International Relations, on February 28, 2006, Dr. John Howard, Director of the National Institute for Occupational Safety and Health (NIOSH), stated, “The philosophy of public health during the 20<sup>th</sup> century was to prevent naturally occurring outbreaks and injuries. However, in the 21<sup>st</sup> century, the health and security of the United States also depends on our preparedness against terrorism, capacity to handle large-scale emergency response, and ability to address the long-term needs of affected populations.” **(Attachment 1, p. 1)**

The federal government is responding to this challenge by funding a number of programs designed to aid in identifying, monitoring and treating individuals who lived, worked or came to the area to assist in the rescue and recovery efforts at the World Trade Center site. These programs are of two types: registry, and screening and monitoring including:

- the WTC Health Registry,
- the WTC Medical Monitoring Program (Mt. Sinai et al.),
- the New York Fire Department (FDNY) WTC Medical Monitoring Program,
- the WTC Federal Responder Screening Program, and

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<sup>1</sup> Further information regarding air monitoring results can be found in a previous Subcommittee hearing briefing memorandum:  
<http://reform.house.gov/UploadedFiles/September%208%20Briefing%20Memo.pdf>

- the New York State responder screening program.

Congress recently appropriated \$75 million to the Centers for Disease Control (CDC) in the Fiscal Year 2006 (FY 06) Defense Appropriations for allocations to ensure the continued screening and treatment of WTC responders. **(Attachment 2)**

### **World Trade Center Health Registry**

The New York City Department of Health and Mental Hygiene (DOHMH), the federal Agency for Toxic Substances and Disease Registry (ATSDR), and the Federal Emergency Management Agency (FEMA) established the World Trade Center Health Registry (“Registry”) in 2003 to track the physical and mental health problems of people exposed to the fire and smoke caused by the destruction of the World Trade Center towers. **(Web Resource 4, p. 2)**

The Registry is open to people who were living south of Canal Street on 9/11/01, students and staff at schools or day care centers south of Canal Street, workers involved in the rescue, recovery, or clean up at the WTC site or WTC recovery operations on Staten Island between 9/11/01 and 6/30/02, as well as those people who were in a building, on the street, or on the subway south of Chambers street. **(Web Resource 5)**

The Registry program, with a total initial federal funding of \$23 million, has conducted interviews with 71,437 individuals. People who joined the Registry were interviewed about their exact location on September 11, 2001; their exposure to smoke and dust; and any health problems suffered since the exposure. The Registry is the largest effort ever in the United States to monitor the health of individuals exposed to a large scale disaster.

In June, 2006, registrants were contacted with a follow-up survey by the DOHMH to identify any changes in their health. This information will be used by city and federal health officials to determine medical trends, to improve treatment options, and to provide insight into the long-range consequences of exposure to the smoke, dust, and trauma of the WTC attack. **(Attachment 3)**

It is planned that the Registry will continue to operate for over 20 years and track changes in health over that time, although the source of out-year funding remains unclear. Currently, the ASTDR's five-year cooperative agreement with DOHMH to support the Registry extends to April 29, 2008.

## **Health Screening and Monitoring**

The Mount Sinai-Irving J. Selikoff Center for Occupational and Environmental Medicine received \$11,800,000 in initial federal funding to establish the World Trade Center Worker and Volunteer Medical Screening Program.<sup>2</sup> The program was established to evaluate health problems and hazardous exposures experienced by worker and volunteer responders to the World Trade Center attack on September 11, 2001. **(Attachment 4)** Roughly 16,000 individuals have been screened.

The New York Fire Department (FDNY) has a separate program to monitor the health of firefighters, Emergency Medical Technicians, paramedics, and Emergency Medical Service officers who assisted in the rescue and recovery at the World Trade Center site. This program is known as the FDNY WTC Medical Monitoring Program. As of February, 2006, FDNY had conducted 15,284 initial examinations. **(Web Resource 2)** The program has subsequently initiated follow-up examinations of these participants and continues to accept new enrollees who desire initial screening.

The Consolidated Appropriations Resolution, 2003, (House Conference Report 108-10) made an additional \$90,000,000 available for administering "baseline and follow-up screening and clinical examinations and long-term health monitoring and analysis for emergency services personnel and rescue and recovery personnel, of which not less than \$25,000,000 shall be made available for such services for current and retired firefighters." **(Attachment 5, p. 2)**

The funding was distributed through NIOSH in the form of eight grants to the New York City Fire Department (FDNY), the Mount Sinai Center for Occupational and Environmental Medicine and six other centers

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<sup>2</sup> Public Law 107-117, January 10, 2002

in and around New York City to establish a five-year health screening program for rescue workers. (**Attachment 6, p. 1**)

In June, 2003, the Department of Health and Human Services Office of Public Health Emergency Preparedness (OPHEP) established the World Trade Center Federal Responder Screening Program. The purpose of this program is to provide free and voluntary medical screening examinations for the estimated 10,000 federal workers who aided efforts at the World Trade Center site. (**Web Resource 2**)

These particular individuals responded to the WTC site in an official federal capacity and consequently were not eligible for the other medical monitoring programs. WTC Federal Responder Screening Program eligibility included any federal employees who responded to the WTC site from September 11, 2001 thorough September 10, 2002. FEMA provided \$3.74 million through an interagency agreement with the Department of Health and Human Services Office of Public Health and Emergency Preparedness (OPHEP). (**Web resource 2**)

The New York State responder screening program screened roughly 1,700 state responders out of an estimated 9,800 state workers and National Guard personnel who responded to the World Trade Center disaster. \$2.4 million in federal funding was designated for the program. The New York State Department of Health administered the expenditure of the funding that was provided by the National Center for Environmental Health and involved a medical questionnaire and examination. (**Web Resource 2**)

The program stopped screening individuals in November of 2003 due to a dwindling number of responders requesting examinations. In February, 2004, program officials began to allow New York State responders to participate in the worker and volunteer program coordinated by Mount Sinai. (**Web Resource 2**)

## **Studies on 9/11 Health Effects**

Several studies have been completed on the short-term health effects of September 11, 2001, including studies on respiratory and mental health problems. Because those who were at Ground Zero may experience delayed

chronic illnesses due to unique toxic exposures, further research must be done to look into possible long-term health effects.

In April, 2006, the Centers for Disease Control (CDC) released findings from a study that assessed the physical and mental health conditions and symptoms reported by building survivors using data from the World Trade Center Health Registry baseline interviews conducted from September 5, 2003, to November 20, 2004. (**Attachment 7**)

The results showed that a total of 62.4% of collapsed building survivors were caught in the dust and debris cloud, and 63.8% experienced three or more potentially psychologically traumatizing events. More than half of survivors reported experiencing new or worsening respiratory symptoms after the attack. At the time of the interview, over 10% of survivors screened positive for serious psychological distress (SPD).

The study further reported that the long-term ramifications of these effects are unknown. Long-term follow-up of building survivors and all other persons enrolled in the Registry is recommended with particular attention to those persons exposed to the dust cloud.

Another new study was published in August in the American Journal of Respiratory and Critical Care. This study found that World Trade Center exposure produced a substantial reduction in pulmonary function in New York City Fire Department rescue workers during the first year after 9/11. The study reports that this one-year post-9/11 reduction was comparable to a twelve-year age-related reduction. Additionally, WTC exposure intensity, assessed by arrival time or work assignment, predicted further pulmonary function loss and respiratory symptoms. The earlier a worker arrived at the WTC site, the greater the reduction in pulmonary function. Also, firefighters experienced a larger reduction than EMS workers. This was likely caused by higher intensity WTC exposure associated with fire suppression or rescue activities as opposed to emergency medical tasks. (**Attachment 8**)

In May 2006, the Red Cross released a study that found that two-thirds of people who received therapy following the WTC attacks are still grief-stricken five years later (**Web Resource 6**). This survey included those who had relatives killed or seriously injured. About 10,000 people are currently receiving 9/11 services from the Red Cross.



An interim report by the Mount Sinai-Irving J. Selikoff Center for Occupational and Environmental Medicine, World Trade Center Worker and Volunteer Medical Screening Program summarized the data on a random sample of 250 of the first 500 patients from July 16-August 29, 2002. **(Attachment 9, p. 1)** Findings indicated half the sample had experienced persistent WTC-related pulmonary, and/or mental health symptoms ten months to one year following the September 11 attacks.

In testimony at the February 28, 2006 hearing, Dr. Steven M. Levin informed the Subcommittee that an update to the interim report would be issued in the early Fall of 2006. In prepared testimony, Dr. Levin stated, “and shortly we will provide data demonstrating the persistence of the physical and mental health effects among WTC responders.” **(Attachment 4 pg. 3)**

A study published in the September 12, 2002 issue of the New England Journal of Medicine by Dr. David J. Prezant, Deputy Chief Medical Officer of the New York City Fire Department (FDNY), Dr. Michael Weiden, Medical Officer for the FDNY and other researchers examined FDNY workers who were exposed to air pollutants after the collapse of the World Trade Center.

Approximately 332 firefighters were examined who had developed severe cough after exposure. This severe cough was named “World Trade Center cough” and was defined as, “a persistent cough that developed after exposure to the site and was accompanied by respiratory symptoms severe enough to require medical leave for at least four weeks.” **(Attachment 10, p. 1)**

The results of the study showed in the first six months after September 11, 2001, that World Trade Center cough occurred in 128 of 1636 firefighters with a high level of exposure (8 percent), 187 of 6958 with a moderate level of exposure (3 percent), and 17 of 1320 with a low level of exposure (1 percent). **(Attachment 10, p.1)**

The conclusion of this study was: “Intense, short term exposure to materials generated during the collapse of the World Trade Center was associated with bronchial responsiveness and the development of cough.

Clinical and physiological severity was related to the intensity of the exposure.” **(Attachment 10, p. 1)** The study also found cough suppressants, antibiotics and inhaled corticosteroids to be effective treatments. **(Attachment 10, p. 3)**

### **Previous National Security Subcommittee Hearings dealing with September 11, 2001 Health effects at the World Trade Center**

The Subcommittee on National Security, Emerging Threats and International Relations has conducted three previous investigative hearings dealing with September 11 health effects in its continuing oversight of the federal response to the public health consequences of the terrorist attack on the World Trade Center.

On October 28, 2003, a field hearing was held in New York City (Mount Sinai Medical Center) entitled *Assessing September 11 Health Effects: What Should Be Done?* The hearing examined the short-term and long-term health effects of the September 11, 2001 attack at the World Trade Center on those who worked at Ground Zero and live there today. Witnesses testified that the federal and local governments needed to take additional measures to investigate health effects and to provide treatment for those injured at the World Trade Center site. **(Web Resource 7)**

The Subcommittee held a hearing on September 8, 2004, entitled *Assessing September 11 Health Effects*. This hearing examined the status of efforts to assess the health effects from the September 11<sup>th</sup> attack on the World Trade Center and concluded that the programs in place for monitoring health and providing assistance to victims of the World Trade Center attack need to be expanded. **(Web Resource 8)**

On February 28, 2006, the Subcommittee held its third hearing entitled *Progress Since 9/11: Protecting Health and Safety Against Terrorist Attacks*, discussed surveillance, monitoring, diagnosis and treatment of illnesses related to the 9/11 attack on the World Trade Center. Witnesses assessed public health, and safety preparedness against future attacks needs further examination. **(Web Resource 9)**

## **Legislation Dealing with World Trade Center Health Effects**

Congress introduced legislation to aid the individuals at Ground Zero. On February 2, 2005, the Remember 9/11 Health Act (H.R. 566), was introduced to provide protections and services to certain individuals after the terrorist attack on September 11, 2001, in New York City. On February 2, 2005, the House Energy and Commerce Committee referred the bill to the Subcommittee on Health. **(Attachment 11)**

## **DISCUSSION OF HEARING ISSUES**

### **1. How effective are federally funded programs which address first responder and resident needs resulting from the September 11, 2001 terrorist attack?**

While much more work remains to be done, programs developed to address the public health consequences of the September 11, 2001, terrorist attack have made some progress. **(Web Resource 2)**

Though programs have been created to monitor health and provide assistance to victims, there is concern that the programs have not gone far enough and not provided treatment for the injured. Programs are funded for only a limited period of time, making it difficult to plan for the monitoring and treatment of chronic illnesses over the long-term.

For example, some of the workers at the World Trade Center site have lost their jobs due to serious respiratory health effects and do not have health insurance. While some individuals are receiving workers compensation due to their illnesses, they are concerned about the long-term care costs. They are worried about their long-term health and the ability to receive the treatment they need in the future. **(Attachment 12, pp. 1-3)**

The World Trade Center Health Registry was established to examine long-term health effects from September 11, 2001. The first of several planned follow-up surveys was initiated in June, 2006, and should help in identifying the ongoing health problems faced by individuals in the program. Preliminary results will be reported by year's end. However, some question

Preliminary results will be reported by year's end. However, some question the government's commitment to the Registry over the long-term since it will need future funding to keep operating for the planned 20 years as well as the usefulness of the program. Additionally, the program is designed for individuals to seek out the Registry and is not proactive in seeking out victims.

Because some government agencies and litigators have fought 9/11 health related claims, there is a significant amount of distrust among those who experienced health effects since September 11, 2001. This is exemplified by the case of Mr. Joseph Zadroga, a decorated New York police officer who responded to the WTC site and became ill soon after the numerous days he spent at Ground Zero.

On January 5, 2006, Mr. Zadroga passed away from respiratory disease with his four year old daughter in his arms. In April, 2006, a New Jersey coroner concluded that Mr. Zadroga's death was directly related to his time at the WTC site. Even Dr. John Howard, Director of NIOSH, stated the death was "worrisome, and we need to look further in this case." Individuals at NYCDMH have fought the coroner's conclusion.

**(Attachment 13)**

In June, 2006, the nation's largest police union (Patrolmen's Benevolent Association) announced plans to launch its own medical registry. Patrick Lynch, president of the Patrolmen's Benevolent Association, stated, "Millions of dollars are being spent, and we're getting no information." **(Attachment 14)**

The HHS program to screen federal workers who were sent by their agencies to respond to the World Trade Center disaster was put on hold in January 2004. Only a small number of the estimated 10,000 federal workers who responded had completed screening at that time. Federal workers had been excluded from other monitoring programs because it was assumed that they would be receiving screening through the HHS program.

Since the program had been put on hold, federal workers may have lost the opportunity to identify and seek treatment for their health concerns related to 9/11. Recently, the program started again and began to screen federal workers in January 2006. However, it remains to be seen how many

more screenings will be done and how long this program will continue.  
**(Web Resource 2)**

In addition, an HHS program to screen *former* federal workers who responded to the WTC site commenced in February of 2006 after an agreement was reached between OPHEP and NIOSH. This initiative will involve a one-time examination and eligible individuals will be referred to treatment programs supported by the American Red Cross.

**2. What plans are in place to effectively and efficiently distribute federal allocations that address the health concerns of responders, residents and others impacted by the World Trade Center attack?**

In January 2006, CDC received a \$75 million appropriation to fund baseline screening, long-term monitoring, and treatment for WTC responders (P.L. 109-148). The funding is scheduled to be released this Fall.

The WTC Medical Monitoring and Treatment Program, the FDNY Medical Screening and Treatment Program, and other related screening programs will receive \$61.5 million. The WTC Health Registry will receive \$9 million. The remaining \$4.5 million will go to a mental health program for the New York police department and to a police organization providing peer assistance. **(Attachment 15)**

In meetings with Members of Congress, Dr. John Howard, Director of NIOSH, indicated he saw one of his principal charges regarding 9/11 health issues to be coordinating existing federal programs.

Questions concerning this coordination, especially as it relates to the new treatment component, include determining what medical conditions and services will be covered and what plans are being developed to care for patients outside of the New York City metropolitan area.

Identifying unmet needs of people who were exposed but were not rescue workers or volunteers is also a critical area of concern. There is a lack of treatment for many people who are sick as a result of the WTC attack and are excluded from federally funded programs. The potential costs of these programs also need to be estimated for future budget and appropriations considerations.

We need to determine how existing monitoring and treatment programs should be expanded and how long they should operate. These and other issues should be examined to assure that current and future federal funding is used most effectively and efficiently. **(Attachment 16)**

In August 2006, New York Governor George Pataki signed three pieces of legislation into law. The first bill enables many workers who became ill after the expiration of the statutory workers' compensation filing deadline to resubmit their claim for further consideration. The second bill permits application for accidental death benefits to families of police officers, firefighters, and other uniformed personnel who participated in rescue and recovery at the WTC site.

The third bill eliminates the statute of limitations to allow rescue and recovery workers who retired from public service to later have their retirement status reclassified as accidental disability of illnesses related to their WTC work later surface. The impact of these new laws on the treatment of these workers is an additional area of interest that merits discussion. **(Web Resource 10)**

## **Witness Testimony**

### **Panel I**

Ms. Cynthia Bascetta, Director, Health Care, Government Accountability Office will provide an update on the progress that has been made by federally supported programs instituted after the World Trade Center attack to screen, monitor and treat responders, federal workers and WTC-area residents. Additionally, she will outline the actions taken by the Centers for Disease Control and Prevention (CDC) to distribute the \$75 million in appropriations received.

Mr. Joseph Zadroga will describe the experiences of his son, Mr. James Zadroga, including his response to the WTC disaster and his subsequent illness, as well as the effectiveness and problems of the medical screening, monitoring and treatment programs. Mr. Zadroga will also address the recent state laws passed by New York Governor George Pataki, which allow James Zadroga's daughter, Tylerann, to receive benefits.

Mr. Steven Centore, a federal employee for the US Department of Energy, will discuss his experiences responding to Ground Zero as well as the effectiveness and problems of the medical screening and monitoring programs.

Ms. Lea Geonimo will testify about living and working near the WTC site and the subsequent health issues she has faced since the 9/11 terrorist attack in NYC. Ms. Geronimo will also discuss her role in advocacy programs to help advise and inform other Lower Manhattan residents about the health effects they may face from the WTC attack.

Mr. Lawrence Provost will discuss his experiences at the World Trade Center site, as well as the other 150 military volunteers who responded to the September 11<sup>th</sup> terrorist attacks and the health issues they have been facing.

## **Panel II**

Dr. John Howard, Director for the National Institute for Occupational Safety and Health (NIOSH), will testify on the status of federal surveillance, and monitoring programs related to the 9/11 attacks and the actions the Centers for Disease Control and Prevention (CDC) has taken to distribute the \$75 million appropriations.

Dr. Robin Herbert, Co-Director of the World Trade Center Worker and Volunteer Medical Screening Program at Mt. Sinai Hospital in New York City will explain the current and updated practices and policies in place to assist workers and volunteers. Dr. Herbert's testimony will also focus on their newly released study dealing with the health of the responders to the World Trade Center site.

Commissioner Nicholas Scoppetta, Commissioner of the Fire Department of New York, will testify about the FDNY World Trade Center Medical Program and the current status of monitoring the health of firefighters, emergency medical technician's (EMT's), paramedics and emergency medical services (EMS) officers who assisted in the rescue and recovery at the World Trade Center site.

Commissioner Thomas R. Frieden, Commissioner of the New York City Department of Health and Mental Hygiene will discuss the current and updated practices and policies of the World Trade Center Health Registry (WTCHR).

Dr. Joan Reibman, of Bellevue Hospital will discuss the current practices and policies involving the treatment of Lower Manhattan residents in the vicinity of the World Trade Center disaster and how existing monitoring, screening and treatment programs be expanded.



## **Witness List**

### **Panel I**

**Ms. Cynthia Bascetta**

Director, Health Care  
Government Accountability Office

**Mr. Joseph Zadroga**

Little Egg Harbor Township, NJ

**Mr. Steven Centore**

Flanders, New York

**Ms. Lea Geonimo**

New York, New York

**Sgt. Lawrence Provost**

Virginia Beach, VA

### **Panel II**

**John Howard, M.D., M.P.H., J.D.**

Director, National Institute for Occupational Health  
Centers for Disease Control and Prevention  
Department of Health and Human Services

**Dr. Robin Herbert**

Co-Director of the World Trade Center Worker and Volunteer Medical Screening  
Program  
Mt. Sinai Hospital

**Dr. Lorna Thorpe**

Deputy Commissioner, Division of Epidemiology  
NYC Dept of Health and Mental Hygiene

**Commissioner Nicholas Scoppetta**

Commissioner  
Fire Department of New York

**Dr. Joan Reibman**

Associate Professor of Medicine  
NYU Medical Center  
Director, Bellevue Hospital World Trade Center Health Impacts Clinic

## ATTACHMENTS

1. Dr. John Howard testimony entitled, "Progress Since 9/11: Protecting Public Health and Safety Against Terrorist Attacks," National Security, Emerging Threats and International Relations Subcommittee, February 28, 2006.
2. House Report, Making Appropriations for the Department of Defense for the Fiscal Year Ending September 30, 2006 and for other Purposes (House Report 109-359).
3. World Trade Center Health Registry Follow up Survey 2006.
4. Dr. Steven M. Levin, M.D. testimony entitled, "Assessing September 11<sup>th</sup> Health Effects: What Should be Done?" National Security, Emerging Threats and International Relations Subcommittee, February 28, 2006.
5. House Report 108-10, Conference Report on Consolidated Appropriations for FY 2003 (P.L. 108-7).
6. FDNY Press Release entitled, "FDNY Awarded Multimillion Dollar Grant from NIOSH to Continue WTC Medical Monitoring," April 6, 2004.
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2

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